



**Tennessee Agricultural Enhancement Program  
Tennessee Cattle Improvement Initiative  
Veterinarian Cattle Handling Facilities  
INCOMPLETE APPLICATIONS WILL BE DENIED**

(Please type or Print Legibly)

Mail completed form to:  
TN Department of Agriculture  
P.O. Box 40627  
Nashville, TN 37204  
Attn: Dr. Charles Hatcher

### Applicant Information

Name of Veterinary Clinic:			Date:	
Last Name:	First:	Middle	Clinic Tax ID Number:	
Clinic Mailing Address:		City:	State:	Zip Code:
Clinic Physical Address ( if different - street, city, zip)			County:	
Premises ID #:	Premises Acct #:	TN License #:	Clinic Phone #:	Email:

### Practice Information

What percentage of your practice pertains to cattle?: \_\_\_\_\_

Of cattle serviced, what percentage is beef? \_\_\_\_\_

Of cattle serviced, what percentage is dairy? \_\_\_\_\_

Do you offer ambulatory cattle services? \_\_\_\_\_

Do you offer haul-in cattle services? \_\_\_\_\_

### Equipment Information

Complete the tables below by marking the Cattle Handling Equipment for which you are applying for cost share assistance. You may check multiple blocks. Cost share assistance for veterinarian cattle handling facilities is 35% of cost up to a maximum of \$5000 total. Radio Frequency Readers (scanners) must be capable of reading animal identification approved by U.S. Department of Agriculture. Computers and software must provide recording and transmittal of animal identification information from scanners.

**Please note that all funds must be Pre-Approved prior to equipment purchase in order to qualify for this program.**

**Please estimate the amount of cost share funds for which you are applying.** \_\_\_\_\_

### Mobile Clinic Equipment

Mark the equipment applied for	
<input type="checkbox"/>	Mobile Veterinary Unit Inserts
<input type="checkbox"/>	Mobile Veterinary Full Body Units

### Cattle Handling Equipment

Mark the equipment applied for	
<input type="checkbox"/>	Head Gate
<input type="checkbox"/>	Squeeze Chute
<input type="checkbox"/>	Palpation Cage
<input type="checkbox"/>	Holding Chute or Pen
<input type="checkbox"/>	Working Chute
<input type="checkbox"/>	Loading and Unloading Area
<input type="checkbox"/>	Crowding Tub and Gate
<input type="checkbox"/>	Hoof Trimming Table/Chute
<input type="checkbox"/>	Animal Scales
<input type="checkbox"/>	Semen Tank
<input type="checkbox"/>	Radio Frequency Readers (Scanners)
<input type="checkbox"/>	Computer & software for reading scanners

*I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief. I understand that providing any false, fraudulent, or misleading information may result in penalties and/or make this clinic ineligible to participate in present and/or future Tennessee Department of Agriculture programs.*

**Veterinarian Signature**

**Date**

*Applicant will be notified upon review of application.*

Questions concerning this program may be directed to calling the Coordinator, Dr. Charles Hatcher at Tennessee Department of Agriculture, P.O. Box 40627, Nashville TN 37204; 615-837-5189; Fax 615-837-5335.

### Office Use Only

Approval Signature:

Date of Approval:

Application #:

Allotment Code:

Cost Center:

Total Amount Approved:

Comments: